OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY NEIGHBOR ISLAND CANDIDATES-

SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII **CAMPAIGN SPENDING COMMISSION**

DISCLOSURE REPORT CANDIDATE COMMITTEE

| PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE | REPORT CAN BE FO | DUND IN THE "GUIDER | BOOK FOR CAND | IDATE COMMITTEES.") | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|---------------|------------------------------------------|--|
| SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: | SECTION II-TYPE OF REPORT: | | | | |
| (a) Candidate Name: | (See the Schedule of Reporting Dates to complete this section) | | | | |
| William C. Espera (b) Committee Name: Friends of Willie Espera (c) Mailing Address: 91-944 Waihua PL. | 1st Preliminary Primary 02 JAN 30 Amended First Third Second Fourth 2nd Preliminary Primary Short Form Final Primary | | | | |
| 91-944 Warmer FC. | | ry General | | EPORTING PERIOD | |
| (d) Phone (Bus) (Res) 685-1932 | | tion Period | , , | | |
| | Supplemental $\frac{9/24/oo}{\sqrt{100}}$ through $\frac{70/23}{\sqrt{6}}$ | | | | |
| | | | <u> </u> | | |
| SECTION III-SUMMARY OF RE (Complete Section IV on the Back of th | | | Section) | COLUMN B ELECTION PERIOD ² | |
| | | TOTAL THIS | PERIOD | TOTAL TO DATE | |
| Cash on Hand at the Beginning of the Election Period | | | | -0- | |
| Cash on Hand at the Beginning of this Reporting Period | | 476/. | 61 | 2 | |
| 3. Total Receipts (From Line 15) | | 850. | | 16.360.06 | |
| 4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column | n B) | 5611.5 | | 16,360.06 | |
| 5. Total Disbursements (not including Unpaid Expenditures) (From Line 19) | / | 1551.3 | 7 | 12,299. 32 | |
| 6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 fr | rom Line 4) | 4060. | 24 | 4060.24 | |
| 7. Total Loans at the Closing of this Reporting Period | | 4 | | | |
| 8. Total Unpaid Expenditures at the Closing of this Reporting Period | ····· | | | | |
| 9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8) | ! | | | | |
| 10. Surplus/Deficit (Subtract Line 9 from Line 6) | | 4060. | 211 | | |
| I hereby certify that the information on this report and all attached Schedule | s are true, corre | ect and complete | to the best | of my knowledge. | |
| William Frew 1/29/02 | | (2 | | 1/27/02 | |
| Candidate Signature Date | Treasurer Sign | nature | | Date | |
| | | | | | |

a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less, Short form reporting requires completion of only Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if

108 Sec.

| UNECK ONLY ONE BOX USE SEPARATE SCHEDULEISI FOR EACH CATEGORY | BEL |
|---------------------------------------------------------------|-----|
| individuals/other entities/noncandidate | ! |

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

| | OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON F ND CANDIDATE COMMITTEE NAME: | PAGE | / OF | |
|-------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|-------------------------------|
| est the man | Espero; Friends of Willie Espe | eru — | | |
| - OTHER | cspc.o, | | | |
| DATE OF DEPOSIT OR RECEIPT OF | FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR | FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER | AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY | AGGREGATE |
| NON-MONETARY CONTRIBUTION | IF A DEPENDENT MINOR, ENTER NAME OF PARENT | OCCUPATION | CONTRIBUTION THIS PERIOD | ELECTION PERIOD TOTAL TO DATE |
| | NON-MONETARY CONTRIBUTION | | | |
| 10/3/00 | R.M. Alakamura Plumbing + mechanical Contr. Inc. 220-B Kalihi St. HON HI 96319 | | 500 | 500 |
| | NON-MONETARY CONTRIBUTION | | | |
| udalan | Boows + Williamson Tobacco P.D. BOX 35090 | | 200 | 200 |
| 10/3/00 | Louisville, KY 40232 | | _ | |
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| | NON-MONETARY CONTRIBUTION | | | |
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| 1 SURTOTAL | OF MONETARY AND NON-MONETARY CONTRIBUTIONS T | HIS PERIOD (This Page) | | |
| | NETARY AND NON-MONETARY CONTRIBUTIONS THIS PER | | <u> </u> | |
| | le Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(| | | |